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Significant effort has been expended over the past decade to reduce racial disparities in breast cancer care. Whether disparities in receipt of appropriate radiotherapy care for breast cancer persisted despite these efforts is unknown, as is the impact of being eligible for Medicare.

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Background: Significant effort has been expended over the past decade to reduce racial disparities in breast cancer care. Whether disparities in receipt of appropriate radiotherapy care for breast cancer persisted despite these efforts is unknown, as is the impact of being eligible for Medicare. We therefore investigated trends in racial differences by age in post-breast lumpectomy radiation therapy (PLRT) from 2004–2009.

Methods: We analyzed the Surveillance, Epidemiology, and End Results (SEER) registry database for women aged 40–85 years who underwent lumpectomy for stage I breast cancer and were eligible for PLRT. We examined variables potentially associated with the receipt of PLRT, including year of diagnosis and race, and examined women separately by age group.

Results: Among 67,124 women aged 40–85 years undergoing lumpectomy, receipt of PLRT decreased from 80.7% in 2004 to 76.8% by 2009 ($P < .001$). There remained a persistent disparity in PLRT among African-American women (in 2004, 80.6% white vs 78.9% African Americans and in 2009, 77.5% white vs 72.0% African Americans). In multivariable logistic regression, African-American race (odds ratio [OR] = 0.82; 95% confidence interval [CI], 0.76–0.89) and being diagnosed more recently were associated with lower odds of PLRT (OR for 2009 vs 2004 = 0.74; 95% CI, 0.69–0.79), while older women typically covered by public health insurance (age 65–69) were more likely to receive PLRT (OR = 1.09; 95% CI, 1.02–1.15).

Conclusion: PLRT decreased by a significant percentage of 3.9% among all women in recent years, and racial disparities in PLRT receipt have persisted. Medicare eligibility increased the likelihood of PLRT receipt.

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